

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>081793408</i>	FILING DATE	
								APPLICANT(S)		
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/	/	/	/	/	/	51			
2	/	/	/	/	/	/	52			
3	/	/	/	/	/	/	53			
4	/	/	/	/	/	/	54			
5							55			
6							56			
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8							58			
9	/	/	/	/	/	/	59			
10	/	/	/	/	/	/	60			
11	/	/	/	/	/	/	61			
12	/	/	/	/	/	/	62			
13							63			
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42							92			
43	/	/	/	/	/	/	93			
44							94			
45							95			